2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

3.705 MM 13.5T 12.305 5 DME HWY MAMIL FL 33156	1. Entity Name OPALOCKA STATION, INC.	00072381		04-3	30-2004 90340 005 ***1 50.00
Suite April # etc. Suite April #, etc. O4272004 Chg-P CR26034 (10/03) City & Sale City & State City & City & State City & City & State City & City & State City & Cit	Principal Place of Business 3705 NW 135 ST OPA LOCKA, FL 33054	12305 S DIXIE HWY	CO WIT		
City & Sizze	2. Principal Place of Business	3. Mailing Address			
Country Zip Country Zip Country S. Certificate of Status Desired S.7.5 Additional For Required S.7.5 Additiona	Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		CR2E034 (10/03)
Expense and Address of Current Registered Agent. 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent. 8. Name and Address of New Registered Agent. 8. Name and Ad	City & State	City & State		•	
Name	Zip Country	Zip	Country		\$8.75 Additional
Street Address (P.O. Sox Number is Not Acceptable)	6. Name and Address o	f Current Registered Agent	Name	7. Name and Address of N	<u></u>
CORAL GABLES, FL 33146 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the chilipations of registered agent. SIGNATURE: Signature, joed to preed serve of registered agent and set of approache. (AOTE Pregistered Agent any gradual registered when required when receptors) AOTE Signature, joed to preed serve of registered agent and set of approache. (AOTE Pregistered Agent any gradual registered agent, or both, in the State of Florida. I am familiar with, and accept the children of the	1520 SOUTH DIXIE HWY		Street Address	s (P.O. Box Number is Not Accep	otable)
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00	· · · · · · · · · · · · · · · · · · ·				
THE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 TO SPECERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE DPST			City		FL Zip Code
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE DPST Delete TITLE Delete TIT	Signature, typed or printed name of re	0.00 9. Election Campa	aign Financing\$	5.00 May Be	DATE
TITLE NAME PONTECILLA, CARLOS NAME NAME PONTECILLA, CARLOS NAME STREET ADRESS CITY-ST-2P MIAMI, FL 33156 CITY-ST-2P MIAMI, FL 331					OFFICE DE LA DESCRIPCIÓN DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DE LA COMPANIA DEL COMPANIA DE LA COMPANIA
TITLE NAME BEGELMATON, CAROL STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP MIAMI, FL 33156 CITY-ST-ZIP CI	TITLE DPST NAME FONTECILLA, CARLOS STREET ADDRESS 12398 SW 82 AVE	☐ Delete	TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES TO	
NAME: STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete Delete TITLE Delete Delete Delete Delete Delete Delete Delete Delete Delete De	TITLE V NAME BEGELMATON, CAROL STREET ADDRESS 12305 S DIXIE HWY		TITLE NAME STREET ADDRESS		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRES	NAME - STREET ADDRESS	☐ Delete	- NAME STREET ADDRESS		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or directed of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 SIGNATURE: SIGNATURE:	NAME STREET ADDRESS	☐ Delete	name Street Address		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or directed of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered. SIGNATURE:	NAME STREET ADDRESS	☐ Delete	NAME STREET ADDRESS		Change Addition
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